

FORM 'F'

[See sub-rule(1) of rule 6]

Nomination

To NTT DATA PAYMENT SERVICES,
4TH FLOOR, MARCHON, 401, SURAKSHA ACE, PLOT NO.2A, CTS NO.34/3, ANDHERI KURLA
ROAD, CHAKALA, J.B.NAGAR, ANDHERI EAST, Mumbai 400059

[Give here name or description of the establishment with full address]

I, Shri * Hemant Kalal* whose particulars are given in the statement below,

hereby nominate the person(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before that amount has become payable, or having become payable has not been paid and direct that the said amount of gratuity shall be paid in proportion indicated against the name(s) of the nominee(s).

2. I hereby certify that the person(s) mentioned is a/ are member(s) of my family within the meaning of clause (h) of section (2) of the Payment of Gratuity Act, 1972.
3. I hereby declare that I have no family within the meaning of clause (h) of section (2) of the said Act.
4. (a) My father/ mother/ parents is / are not dependent on me.
(b) my husband's father/ mother/ parents is/ are not dependant on my husband.
5. I have excluded my husband from my family by a notice dated,..... to the controlling authority in terms of the proviso to clause (h) of section 2 of the said Act.
6. Nomination made herein invalidates my previous nomination.

Nominee(S)

Name in full with full address of nominee(s)	Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared
Lakshmi Kalal 143, Lakshmi Niwas Gangotri layout , Dhananayakanhalli Ramasandra Bangalore-560060	Wife	45	100%

1. Name of employee in full: Hemant Kalal
2. Sex: Male
3. Religion: Hindu
4. Whether unmarried/ married/ widow/ widower: Married
5. Department/ Branch/ Section where employed: NDPS
6. Post held with Ticket or Serial No., if any.
7. Date of appointment: 16-June-2025

8. Permanent address: Village... **same as above** Thana.....
... .. Sub-division... .. Post Office...

Place: Bangalore

Date: ~~24-10-24~~ 26/06/2025

Declaration by witnesses

Signature/ Thumb impression
of the employee

Nomination signed/ thumb impressed me.

Name in full and full

Signature of witnesses

1. 1. 2. 2.

Place Date

Certificate by the employer

Certified that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference No., if any

Signature of the employer/
Officer authorized

Designation

Date

Name and address of the

Establishment or rubber stamp thereof.

Acknowledgement by the employee

Received the duplicate copy of nomination in Form 'F' filed by me and duly certified by the employer.

Date 26/06/2025

Signature of the employee